

☐ 385 N. Arrowhead Avenue, San Bernardino, CA 92415-0160

☐ 13911 Park Avenue, Suite 200, Victorville, CA 92392

☐ 8575 Haven Avenue, Suite 130, Rancho Cucamonga, CA 91730



County of San Bernardino
Department of Public Health
DIVISION OF ENVIRONMENTAL HEALTH SERVICES



Web site: www.sbcounty.gov/dehs

PHONE _____

FOR COUNTY USE ONLY	
DATE:	_____
PAID:	_____
CHECK #:	_____
REC'D BY:	_____
RECEIPT #:	_____

Application for Health Permit

APPLICANT MUST FILL IN ALL BLANKS

EFFECTIVE DATE OF TRANSFER _____

FACILITY NAME _____

FACILITY ADDRESS _____

NO P.O. BOX NUMBERS

CITY/STATE/ZIP _____

CROSS STREET _____

CARE OF _____

FACILITY PHONE NUMBER (_____) _____

ALTERNATIVE PHONE NUMBER (_____) _____

FACILITY FAX NUMBER (_____) _____

FORMER FACILITY NAME _____

LEGAL OWNER INFO _____

CARE OF (IF NOT OWNER) _____

NOT MANAGEMENT COMPANY OR REPRESENTATIVE

LEGAL OWNER ADDRESS _____

CITY/STATE/ZIP _____

LEGAL OWNER PHONE NUMBER (_____) _____

LEGAL OWNER DRIVER'S LICENSE _____

APPLICANT MUST FILL IN ALL BLANKS

MAIL INVOICE TO:

Business Name: _____

Care Of: _____

Address _____

City/State/Zip _____

E-mail _____ Phone _____

TOTAL FEE DUE \$ _____

NOTE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS.

FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

I hereby make application for health services and permit to establish and/or operate the above mentioned business, use, or service in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

I understand that any construction, alteration or repair, including, but not limited to, equipment changes or alterations, a menu change or change in facility's method of operation requires DEHS review and approval.
Initial _____

Signed _____ Date ____ / ____ / ____ Title _____

FOR COUNTY USE - TO BE COMPLETED BY OFFICE STAFF WHEN APPLICATION IS TAKEN

*FA # _____ PE # _____ ENVISION ENTERED BY _____ DATE _____

*PR # _____ DESIGNATED EMPLOYEE _____ SR # _____ DATE _____
(MAILED TO APPLICANT)

OW # _____ CITY CODE # _____ CONTRIBUTOR # _____ DISTRICT # _____ PERMIT EXP DATE _____ NEW TRANSFER RENEWAL

*Leave blank **only** if this is a new facility. MAIL PERMIT TO: F A O Change of Ownership Paperwork Verified _____
(Circle One)



Application for Health Permit

☐ **LIQUID WASTE HAULERS:**

List License #, Make, Year, Decal # and Number of Gallons below

<u>LICENSE NUMBER</u>	<u>MAKE</u>	<u>YEAR</u>	<u>DECAL #</u>	<u>NUMBER OF GALLONS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ **COMMISSARY LETTER**

Name and Address _____

☐ **PEDDLERS/VENDING MACHINES/CATERING TRUCKS:**

Catering/ ice cream trucks and carts operating in unincorporated County areas must obtain a County Business License.

Do you operate in an unincorporated area? Yes ☐ No ☐

List License #, License Plate #, Make, Year, Decal # and Number of Machines below:

<u>DRIVER'S LICENSE NUMBER</u>	<u>LICENSE PLATE NUMBER</u>	<u>MAKE</u>	<u>YEAR</u>	<u>DECAL #</u>	<u>NUMBER OF MACHINES</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTES

FOOD FACILITIES:

Seating Capacity _____
or

Square Footage _____

Limited Health Care Facility

Number of Beds _____

Soft Serve Number of Machines _____

Vending Machines Number of Units _____

RECREATIONAL HEALTH:

Number of: Pools _____ Spas _____

Wading Pools _____ Water Slides _____

WATER:

Number of Connections _____

VECTOR:

Number of Birds/Horses _____

HOUSING:

Number of Units _____

☐ **Multi-family dwellings in the unincorporated County areas have been provided information to obtain a County Business License.**

TATTOOING, BODY PIERCING and PERMANENT COSMETICS:

This facility does: ☐ Tattooing ☐ Body Piercing
☐ Permanent Cosmetics

Business Hours _____

MEDICAL WASTE:

Number of Limited Quantity Hauling Exemption Employees _____

- ☐ New Facility
☐ Transfer of Ownership
☐ Relocation of Permitted Facility